

**ANNUAL CLIENT ASSISTANCE PROGRAM (CAP) REPORT****Fiscal Year 2003**

<b>DESIGNATED AGENCY IDENTIFICATION</b>	
Name:	Virginia Office for Protection and Advocacy
Address:	202 N. 9 <sup>th</sup> Street, 9 <sup>th</sup> Floor
	Richmond, VA 23219
E-mail Address (if applicable):	<a href="mailto:generalvopa@dsa.state.va.us">generalvopa@dsa.state.va.us</a>
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<b>OPERATING AGENCY (IF DIFERENT FROM DESIGNATED AGENCY)</b>	
Name:	See above
Address:	
E-mail Address (if applicable):	
Website Address (if applicable):	
Phone: ( )	TTY: ( )
Toll-free Phone: ( )	Toll-free TTY: ( )
Fax: ( )	
Name of CAP Director/Coordinator: Gary Conover, Esq.	
Person to contact regarding report: Sherry Confer, Policy Director	
Contact Person's phone: (804) 225-2015	
<b>PART I. AGENCY WORKLOAD DATA</b>	
<b>A. Information and Referral Services (I&amp;R):</b> (Multiple responses are not permitted.)	
1. Information regarding the Rehabilitation Act	148
2. Information regarding Title I of the ADA	279
3. Other information provided	36
4. Total I&R services provided (Lines A1+A2+A3)	463
5. Individuals attending trainings by CAP staff (approximate)	356
<b>B. Individuals served</b> (An individual is counted only once during a fiscal year. Multiple counts are not permitted for Lines B1-B3.)	
1. Individuals who are still being served as of October 1 (carryover from prior year)	49
2. Additional individuals who were served during the year	32
3. Total individuals served (Lines B1+B2)	81
4. Individuals (from Line B3) who had multiple case files opened/closed this year. (In unusual situations, an individual may have more than one case file opened/closed during a fiscal year. This number is not added to the total in Line B3 above.)	0

<b>C. Individual still being served as of September 30</b> (carryover to next year) (This total may not exceed Line I.B3.)	30
<b>PART I. AGENCY WORKLOAD DATA (continued)</b>	
<b>D. Reasons for closing individuals' case files</b> (Choose one primary reason for closing each case file. There may be more case files than the total number of individuals served to account for those unusual situations, referred to in Line I.B4, when an individual had multiple case files closed during the year.)	
1. All issues resolved in individual's favor	20
2. Some issues resolved in individual's favor (when there are multiple issues)	0
3. CAP determines VR agency position/decision was appropriate for the individual	2
4. Individual's case lacks legal merit; (inappropriate for CAP intervention)	2
5. Individual chose alternative representation	0
6. Individual decided not to pursue resolution	6
7. Appeals were unsuccessful	0
8. CAP services not needed due to individual's death, relocation, etc.	1
9. Individual refused to cooperate with CAP	3
10. CAP unable to take case due to lack of resources	17
11. Other (Please explain on separate sheet)	0
<b>E. Outcomes achieved</b> (Choose one primary outcome for each closed case file. As stated in Section D, there may be more case files than the total number of individuals served.)	
1. Controlling law/policy explained to individual	4
2. Application for services completed	0
3. Eligibility determination expedited	0
4. Individual participated in evaluation	0
5. IPE developed/implemented	1
6. Decision reversed or compromise reached	15
7. Communication re-established between individual and other party	5
8. Individual assigned to new counselor/office	2
9. Alternative resources identified for individual	1
10. ADA/504/EEO/OCR complaint made	0
11. Other (Please see attachment)	23
<b>PART II. PROGRAM DATA</b>	
<b>A. Age</b> (as of the beginning of the fiscal year)(Multiple responses not permitted.)	
1. 21 and under	5
2. 22 – 40	34
3. 41 – 64	42
4. 65 and over	0
5. Total (Sum of Lines A1 through A4. Total must equal Line I. B3.)	81
<b>B. Gender</b> (Multiple responses not permitted.)	
1. Females	32
2. Males	49
3. Total (Lines B1+B2. Total must equal Line I.B3.)	81
<b>C. Race/ethnicity</b> (Multiple responses are permitted.)	
1. American Indian or Alaskan Native	0

2. Asian	0
3. Native Hawaiian or Other Pacific Islander	0
4. Black or African American	28
5. Hispanic or Latino	1
<b>PART II. Program Data (continued)</b>	
<b>C. Race/ethnicity (continued)</b> (Multiple responses are permitted.)	
6. White	52
7. Race/ethnicity unknown	0
<b>D. Primary disabling condition of individuals served</b> (Multiple responses not permitted.)	
1. Blindness (both eyes)	3
2. Other visual impairments	3
3. Deafness	2
4. Hard of hearing	3
5. Deaf-blind	0
6. Orthopedic impairments	8
7. Absence of extremities	1
8. Mental illness	26
9. Substance abuse (alcohol or drugs)	0
10. Mental retardation	2
11. Specific learning disabilities (SLD)	10
12. Neurological disorders	0
13. Respiratory disorders	2
14. Heart and other circulatory conditions	3
15. Digestive disorders	0
16. Genitourinary conditions	0
17. Speech impairments	0
18. AIDS/HIV positive	0
19. Traumatic brain injury (TBI)	2
20. All other disabilities	16
21. Disabilities not known	0
22. Total (Sum of Lines D1 through D21. Total must equal Line I. B3.)	81
<b>E. Types of individuals served</b> (Multiple responses permitted.)	
1. Applicants of VR Program	9
2. Clients of VR Program	70
3. Applicants or clients of IL Program	2
4. Applicants or clients of other programs and projects funded under the Act	0
<b>F. Source of individual's concern</b> (Multiple responses permitted.)	
1. VR agency only	80
2. Other Rehabilitation Act sources only	0
3. Both VR agency and other Rehabilitation Act sources	1
4. Employer	0
<b>G. Problem areas</b> (Multiple responses permitted.)	

1. Individual requests information	0
2. Communication problems between individual and counselor	6
3. Conflict about services to be provided	10
4. Related to application/eligibility process	10
5. Related to IPE development/implementation	70
6. Other Rehabilitation Act-related problems	0
<b>PART II. PROGRAM DATA (continued)</b>	
<b>G. Problem areas (continued)</b> (Multiple responses permitted.)	
7. Non-Rehabilitation Act related	0
8. Related to Title I of the ADA	0
<b>H. Types of CAP services provided</b> (Choose one primary service CAP provided for each closed case file. As stated above, there may be more case files than actual individuals served.)	
1. Information/referral	13
2. Advisory/interpretational	59
3. Negotiation	29
4. Administrative/informal review	3
5. Alternative dispute resolution	0
6. Formal appeal/fair hearing	1
7. Legal remedy	1
8. Transportation	0
<b>I. Satisfaction of individuals served</b>	
1. Number of satisfaction surveys mailed (Number cannot exceed total on Line I.B3.)	51
2. Number of satisfaction surveys returned (Number cannot exceed total on Line II.I1.)	4
3. Of the total number of surveys returned, indicate how many individuals rated their overall satisfaction with CAP in the following ways: (Total for this entire question cannot exceed the total on Line II.I2 above.)	
a. very satisfied	3
b. satisfied	1
c. not satisfied	0
4. Of the total number of surveys returned, indicate whether the individual served would use CAP again: (Total cannot exceed total on Line II.I2 above.)	
a. yes	4
b. no	0
<b>PART III. NARRATIVE (Attach separate sheet(s))</b> Refer to pages 16-19 of the instructions for guidelines on the contents of the narrative.	

Within 90 days after the end of the fiscal year covered by this report, mail one copy of this report to the RSA Regional Office and one copy to the RSA Central Office specified in the instructions.

\_\_\_\_\_  
V. Colleen Miller, Executive Director

\_\_\_\_\_  
Date



**VIRGINIA OFFICE FOR PROTECTION AND ADVOCACY  
CLIENT ASSISTANCE PROGRAM (CAP) FY2003**

**PART III. NARRATIVE**

**a. Type of agency used to administer CAP:**

1) External-P&A

**b. Sources of funds**

Source of funding	Total expenditures spent on individuals
Federal funds	\$256,809
State funds	0
All other funds	0
Total from all sources	\$256,809

**c. Budget for current and following fiscal years:**

Category	Current Fiscal Year (FFY2004)	Next Fiscal Year
Wages & Salaries	\$117,820	\$120,470
Fringe Benefits (FICA, unemployment, etc.)	\$37,346	\$38,186
Materials/Supplies	\$2,205	\$2,315
Postage	\$2,003	\$2,103
Telephone	\$3,060	\$3,213
Rent	\$17,817	\$18,351
Travel	\$6,345	\$6,662
Copying	0	0
Bonding/Insurance	0	0
Equipment Rental/Purchase	\$4,704	\$4,939
Legal Services	\$630	\$662
Indirect Costs	\$24,826	\$25,385
Miscellaneous	\$40,053	\$42,055
Total Budget	\$256,809	\$264,341

**d. Number of person-years**

Type of position	Full-time equivalent	% of year position filled	Person-years
Professional			
Full-time	2.2	100	7.2
Part-time			
Vacant			
Clerical			
Full-time	0.6	100	1.5
Part-time			
Vacant			

**e. Summary of presentations made:**

The following rights related presentations about CAP and other rehabilitation programs and projects were made during the program year:

Date	Title/Topic of Presentation	Group Addressed/Location	# of Attendees
10/08/02	Advocacy with Legislators and Agencies	Community Advocacy Council Members, Lynchburg, VA	8
10/31/02	VOPA Information Session	Healthcare Professionals, Roanoke, VA	35
01/09/03	Making the I&R Standards Real, NAPAS Conference	I&R Specialists and Supervisors, San Diego, CA	25
01/11/03	Networking with Non-P&A Providers	I&R Specialists and Supervisors, San Diego, CA	18
01/11/03	Enhancing Quality Assurance within Your I&R Program	I&R Specialists and Supervisors, San Diego, CA	20
01/29/03	VOPA Overview	CSB Staff, Chesterfield, VA	20
03/20/03	VOPA Overview	Mental Health Staff, Richmond, VA	100
05/29/03	Cultural and Linguistic Competence in Delivering P&A Services	I&R Specialists and P&A Staff, Washington, DC	30
05/31/03	Rights Overview, Protection and Advocacy	Consumers and Advocates, Norfolk, VA	100

**f. Involvement with advisory boards**

- 1) VOPA staff attended the quarterly meetings of both the DBVI and DRS State Rehabilitation Councils. One VOPA staff is a voting member of the DBVI Rehabilitation Council.
- 2) VOPA staff attended some of the Virginia Workforce Council quarterly meetings. Federal WIA law mandates a seat for CAP on the Council but, notwithstanding VOPA's repeated requests for

appointment, Virginia's appointing authorities have failed to make the required appointment. Nonetheless, WIA meetings were monitored for a period of time.

- 3) VOPA staff attended the quarterly meetings of the State Independent Living Council. This is a useful opportunity to maintain communication with Centers for Independent Living (CIL), their State Plan development, and hear from direct service representatives and more non-VR people with disabilities.
  - 4) VOPA staff attended the quarterly meetings of the Virginia Brain Injury Council. The VBIC has welcomed our participation. Mutual communication and, more recently, help in shaping our TBI grant activities are benefits.
  - 5) VOPA staff attended the quarterly meetings of the South West region – Virginia Assistive Technology System. VOPA participated in the planning of local and regional events to promote Assistive Technology.
  - 6) VOPA staff attended a limited number of the monthly meetings of the Woodrow Wilson Rehabilitation Center Ethics Service Committee and/or Advisory Board. The committee raises awareness, trains, and counsels WWRC staff, DRS staff, and soon-to-be enrolled students on ethics broadly. The Advisory Board brings an outside perspective to assure quality.
  - 7) The former Deputy Director was a member of the Virginia Department of Education State Special Education Advisory Committee. This committee is required by the federal government as a first step in federal Continuous Improvement Monitoring Process.
  - 8) A VOPA Managing Attorney served in a leadership capacity on the Olmstead Task Force, serving as agency convener to two (out of the seven) issue teams, serving as liaison to a third team, and sitting on the twenty-member steering committee. VOPA also offered several amendments to the draft final plan, most of which were accepted, resulting in a more streamlined, more effective plan.
- g. Outreach to unserved/underserved populations:** Identify the strategies used to conduct outreach to and to serve individuals previously unserved or underserved and/or individuals who are members of minority groups. Describe the impact of your outreach efforts, especially in terms of how your outreach efforts have benefited individuals who traditionally have been unserved or underserved.
- 1) inquired of each new CAP client whether they had received a VOPA CAP brochure in the application packet for Department of Rehabilitative Services (DRS) and/or Department for the Blind and Visually Impaired (DBVI) and if they were required to go through any process prior to contacting CAP. Any reports of this were pursued to ascertain if this is a barrier to clients accessing CAP.
  - 2) maintained contact with and provided information to the Native American Council
  - 3) provided monthly "office hours" at DBVI's Rehabilitation Center for the Blind and Woodrow Wilson Rehabilitation Center (a component of DRS)
  - 4) acquired a resource directory for individuals with blindness and vision impairments
  - 5) continued outreach efforts with Native American community in Virginia; exhibits were provided at several Pow-Wows



6) mailing were done in October 02 to DBVIs/CILs and to DRS in January 03; mailings of VOPA publication were done throughout the remainder of the year on an as requested basis.

- h. Alternative dispute resolutions:** The Act clearly mandates CAPs to engage in mediation (or other forms of alternative dispute resolutions) prior to seeking a formal or legal remedy on behalf of the individual served. Part II-H5 of the Form RSA-227 asks you to identify the number of times your CAP agency engaged in ADR. In addition to that numerical data, be sure to describe, in the Narrative portion of your report, your efforts at engaging in ADR procedures, including how successful (or not successful) your attempts have been and an explanation of why CAP did not engage in ADR prior to seeking a formal or legal remedy.

VOPA staff routinely engage in alternative dispute resolutions. VOPA staff assist clients with self-advocacy efforts with other entities at the lowest level of the administrative chain of command. Often, the presence of the VOPA staff encourages the "provider" to more willingly explore alternative dispute resolutions prior to the client and VOPA resorting to more formal or legal remedies. In most cases, more clearly and directly communication is the optimum resolution.

In relation to Mediation---VOPA, as advocates/attorneys, would not conduct Mediation, but, when appropriate, would accompany and/or represent a person as an advocate within a Mediation session where there is a separate Mediator. VOPA was not involved in any formal mediation activities this past year.

- i. Systemic advocacy:** Describe the systemic advocacy undertaken. Indicate the problems that have been identified in the delivery of VR and independent living services. To the extent possible, detail evidence/documentation that substantiates the problems. Summarize the activities CAP has undertaken to remedy the problems. Outline the State VR agency's responses to those activities and explain the status of the problems at the close of the fiscal year. As appropriate, provide CAP's plans for continuing to address the problems during the next fiscal year.

- 1) Field manual policy updates for DBVI and DRS are briefly reviewed by VOPA staff for compliance with federal laws and regulations related to disability rights. However, this is secondary to direct client work.
- 2) CAP continued an extensive systemic project of reviewing and analyzing DRS participation in special education transition. This project began in FY01; continued through FY02; and in FY03 VOPA completed sufficient document gathering and review to support making continued review and analysis an official VOPA objective; this has been continued in FY04.

- j. Interesting cases:** Describe a few of the more interesting or unique cases that CAP worked on during the fiscal year. Summarize the facts of the case and the activities that CAP undertook or is undertaking to resolve the issues raised by the individual served. Explain whether the case raised systemic or policy-making issues and CAP's plan to address those issues.

1) WJ, a 39 year old single parent, served as caretaker of her sick mother. With no vision in one eye, a learning disability, and an emotional illness (undiagnosed at the beginning of her contact with DRVD (now VOPA), she had been trying for a minimum of five years to obtain services from the Department of Rehabilitative Services. VOPA had numerous phone calls and meetings with the DRS. WJ, highly motivated, obtained most of her own jobs; however, she had difficulty staying employed. Her original dream of being a police officer was compromised due partly to her poor depth perception and due to the attitudinal barriers she faced from the potential employers.

WJ had many barriers to overcome; including misunderstanding by DRS professionals refusing to believe she even had a disability that served as a barrier to employment. They questioned whether she wanted to work. Not until she was able to obtain a psychiatric diagnosis did they finally realize that her problems were more serious than they originally thought. Eventually, with the help of VOPA, she was able to accomplish the following: changed to another DRS counselor (essentially the supervisor); and received authorization for various physical restoration services including, dentures, orthotics for her feet; neuro-psychological testing, transportation at the Medicaid reimbursement rate for diagnostic appointments, vocational evaluation at Woodrow Wilson Rehabilitation Center, and situational assessment at a local workshop. DRS also agreed to share cost of On the Job Training at a local newspaper, and later at a local nursing home, with the Department of Social Services (DSS).

WJ is continuing her On the Job Training at a local nursing home and doing very well. DSS and DRS are working cooperatively to see that she is able to make a positive transition from training to long term employment. WJ's self-esteem and sense of accomplishment have greatly increased.

Systemically, VOPA was able to break through a transportation barrier by convincing DRS to agree to pay the Medicaid reimbursement rate when there was no other way that transportation could have been provided. This is a change of DRS policy.

2) A young, long-term male client of the Department for the Blind & Vision Impaired (DBVI) contacted VOPA (then DRVD). Since graduating from high school, he had difficulty adjusting to the world of work and of living away from home. In addition to being blind in both eyes, he also had neuropathy which made it impossible for him to have any tactile feeling with his finger tips. For years, he had relied on a form of communicating using Morse Code to be able to do schoolwork and to work at a job. With the use of special assistive technology, he was able to do a customer service type of job for nearly a year. Unfortunately, when new management took over the company, he was terminated.

DBVI had provided some cost services, including job search services and the provision of assistive technology at a volunteer position he had when he was not employed. However, he had lost touch with his vocational rehabilitation counselor, whom he felt failed to communicate with him and to treat him with respect when she participated in 'team meetings', which included members from various agencies. The agency also experienced a number of personnel changes that affected the client's progress. With the help of VOPA, he was able to re-connect with DBVI. VOPA accompanied him to a number of meetings with the vocational rehabilitation staff, the job coaching staff, and other professionals with whom he was involved. VOPA convinced DBVI to provide for additional vocational evaluation and neuro-psychological evaluation before authorizing more job development services. He is moving toward re-newed job development and job coaching services. He now feels that he can work compatibly with the new vocational rehabilitation counselor.

3) A 24-year old male with a speech/language impairment, a learning disability, and mild depression has been a client at DRS for two years and has an interest in being a graphic artist. He has overcome through counseling his disabling conditions and then problems arose with the funding for his art program. His family income precludes his eligibility, and VOPA has been challenging DRS to find a way to obtain funding for his program without having to use his family's income. VOPA is now in the process of obtaining independent funding for CL so that his family

will not have to continue to be debt-ridden to pay for his school and DRS can pay for his continued education.

4) A 59-year old woman with manic depression wants to be a chef. She has always had an interest in the culinary arts and wants DRS to help her to go to school. DRS refused to do so because they felt school was too expensive and she was not stable enough to handle such a fast-paced environment. With VOPA's intervention, DRS is now looking at schools to send CL to and are seeking avenues to fund her education.

5) After reading the DRS web site, a female client called numerous times for the counselor who covered her home area. She even went to sites where the counselor was scheduled to regularly visit and she reported he was not there. VOPA immediately called the field office and asked to speak with the counselor; it was nearly the end of the workday. The receptionist said the counselor was out of the office but offered to call him on his cell phone and give him the message. Within minutes, the counselor returned the call. He listened but denied knowledge of ever receiving a message from the client and ever having missed a scheduled site visit without notice to his office and the scheduled site, nor had he missed a visit in the prior three weeks. The counselor offered to call the client right away. He did so and notified VOPA staff that he had spoken with her. They had made an appointment at her convenience at her part-time work place in two days. They met as planned and an application for services was completed.

6) A male client had been sponsored by DRS through two-year technical-professional school from which he had graduated. The competition in the field led him to pursue that work part-time while paying the bills by work in an unrelated semi-skilled area. He had been doing that for several years. He complained that his DRS counselor would not consider sponsoring him for entry into a four-year college to gain a Bachelor's degree in the field of his technical training. He believed he needed it to gain an entry job. The facts included that years before he had searched for and then requested DRS support for that technical-professional training as appropriate for him, a person with significant learning disabilities, because it was more "hands-on" and less academic than college. VOPA worked with the client to prepare a written proposal that was presented together in a meeting with the counselor and manager. A compromise was reached that would provide support for trial course work at the four-year level in his technical-professional field courses, with further support to be mutually evaluated upon completion.

7) VOPA provided advocacy services for a transition-aged student with multiple complex disabilities and disputes with both his education and rehabilitation program providers. VOPA sought a Fair Hearing, where a finding that the client was not able to benefit from a residential rehabilitation program was challenged. While not fully successful, VOPA was able to implement a better community based transition and rehabilitation plan. VOPA also filed a Special Ed Complaint on behalf of the same client, alleging a lack of Inter-agency coordination, inadequate transition planning and implementation. VOPA also pursued a Due Process complaint alleging denial of a Free Appropriate Public Education, inadequate IEP, failure to modify program in response to changing levels of performance, and lack of oversight and monitoring by the State. On the morning of the Due Process Hearing, when the trial was about to begin, a confidential agreement was reached which included innovative and unprecedented relief for the student.

**k. On-line information/outreach:**

VOPA maintains a website that posts all of our federal grants' priorities, goals, and objectives, including CAP. This website also has the notices for the Board of Directors' and VOPA's Advisory Councils meetings. Job vacancies, announcements, VOPA publications, quarterly newsletters, and disability-related links are also available. The annual public input survey is posted on the web and visitors can

participate in the survey on-line. In FY 2003 there were 8,788 web hits.

**Signature and title of CAP program director:** The director of the CAP agency should sign the form to certify that it is complete and correct.

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V. Colleen Miller, Executive Director

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Date Submitted

## **ATTACHMENT A**

### **PART I. AGENCY WORKLOAD DATA**

#### **E. Outcomes achieved**

##### **11. Other**

VOPA had no outcomes for report for these clients for the following reasons:

No response from client	2
Client decided not to pursue resolution	2
Client refused to cooperate with VOPA	1
Client moved	1
CAP cases closed due to no CAP resources (money) and cases were re-opened under another funding stream	17
<b>TOTAL:</b>	<b>23</b>